

**SCHOHARIE COUNTY DEPARTMENT OF HEALTH  
POST OFFICE BOX 667, 276 MAIN STREET  
SCHOHARIE, NEW YORK 12157**

**Application for Approval of Plans and Specifications for the  
Construction, Alteration or Remodeling of a  
Food Service Establishment (refer to 10 NYCRR Subpart 14-1)**

Name of Establishment	Location (TVC) <span style="float:right">County</span>
Name of Owner	Mail Address
Name of Operator	Mail Address
Architect, Engineer or Food Service Consultant	Mail Address
Type of Establishment:      Restaurant ___ Drive-in ___ School ___ Concession ___ (mark with check or "x")      Factory ___ Hospital ___ Nursing Home ___ Resort ___ Office or Commercial Building ___ Other (Specify) _____	

This application must be signed by the owner or the proper officials of the corporation or legally constituted board or commission having charge of work. The signature of the design engineer or other agent will be accepted if accompanied by a letter of authorization.

Signature of Applicant	Official Title	Mail Address
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This application must be accompanied by two sets of complete preliminary plans and specification reports. All information pertinent to the installation must be submitted. Refer to guideline titled: Food Service Establishment Plan Specifications for proper plan development.

**FOR OFFICE USE ONLY:**

Plans Approved                      Date \_\_\_\_\_ By \_\_\_\_\_

Plans Disapproved                      Date \_\_\_\_\_ By \_\_\_\_\_

Reason for Disapproval \_\_\_\_\_

Date and  
Fee Received Stamps: